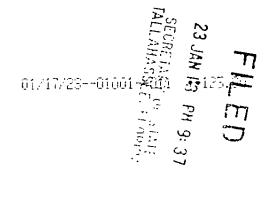
## L23000015747

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
ed Copies Certificates of Status	
al Instructions to Filing Officer.	

Office Use Only



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123 JAN 13 RN 3-5

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Must contain the words "Limited Liability C	in LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1372 NE Partelion St	1372 NF Dindelien 51	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ronny Hamping
Name

1372 NE Dandolish St

Florida street address (P.O. Box NOT acceptable)

Madison Florida 36340

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company antiplace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Amc K	Reamy Hundlery
	1372 IVE Dandein 59 Madron FL 32340
<del></del>	
(Use attachment if necessary)	/ /
e date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
RTICLE VI: Other provisions, if any.	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
REQUIRED SIGNATURE:	
Signature of a n This document is exec I am aware that any fal	member or an authorized representative of a member, suted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)